

02-26-02

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Atty. Dkt. No. 070191-0322 (31-HL-6088)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kaiser, Willi et al.

Title: SYSTEM AND METHOD FOR
DETERMINING THE LIKELIHOOD
OF THE PRESENCE OF A
CONDITION OF A PATIENT'S
HEART

Appl. No.: Unknown

Filing Date: Herewith

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EL267354840US (Express Mail Label Number)	Feb. 25, 2002 (Date of Deposit)
LILLIAN M. CURRY (Printed Name)	
<i>Lillian M. Curry</i> (Signature)	

PTO
ST
98637
2/25/02
10/25/02

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Willi Kaiser
Martin Findeis

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (22 pages, including cover page).
- ☒ [X] Formal drawings (5 sheets, Figures 1-5).
- ☒ [X] Declaration and Power of Attorney (4 pages).
- ☒ [X] Assignment of the invention to GE Medical Systems Information Technologies, Inc..
- ☒ [X] Assignment Recordation Cover Sheet.
- ☐ [] Small Entity statement.

- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 with copies of ___ listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	27	20	7	x \$18.00	\$126.00
Independents:	5	3	2	x \$84.00	\$168.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	\$0.00
				SUBTOTAL:	\$1034.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					\$0.00
				TOTAL FILING FEE:	\$1,034.00
Assignment Recordation Fee:				+ \$40.00	\$40.00
				TOTAL FEE	\$1,074.00

- ☒ Please charge Deposit Account No. 07-0845 in the amount of \$1,074.00 to cover the filing fee and fee for recordation of Assignment.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2/25/02

By Neal D. Marcus

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